

# CALIFORNIA ACUPUNCTURE BOARD

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State of California  
Department of Consumer Affairs  
Gray Davis, Governor



## (Attachment A) ACCOMMODATION OF DISABILITIES REQUEST

### TO BE COMPLETED BY THE CANDIDATE

If you have a disability, or medical condition, and you are requesting an accommodation for the California Acupuncture Licensing Examination, pursuant to the Americans with Disabilities Act, please provide the following information and return this form, as well as the evaluator's form to the Board by the final filling date. This form and other documentation will become a part of your examination record.

1. What is the type of disability that limits one or more of your major life activities (e.g., physical, mental, learning)?

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2. What is the nature and extent of the disability?

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3. Describe the accommodation requested.

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4. Provide the Board with verification of your disability from a qualified professional supporting your requested accommodation(s) (Attachment B). The Board will not pay any costs you may incur in obtaining the required documentation. However, the Board will consider paying for any reasonable accommodations that are made for you. This information is considered **confidential** and will not be released.

Upon receipt of this information, the request will be considered, and you will be notified in writing of the Board's decision. If you have any questions, you may contact the Examination Coordinator at (916) 263-2680 extensions 209 or 210.

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Name (print)

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Date

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Unique Identifier (if known)

### BOARD USE ONLY

Examination/Accommodation History

ACCOMMODATIONS: \_\_\_\_\_

EXAM DATES: \_\_\_\_\_

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**NOTE:** The information provided will be used to determine the appropriate accommodation. Failure to provide this information will result in denial of the request. Applicants have the right to review their records subject to the provisions of the Information Practices Act.